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Combined Declaration	For Patent	Application	and !	Power of Attorney	у		ATTO 82483	RNEY D	OCKET			
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MAMMOGRAPHY FILM CASSETTE												
The specification of which (check	only one item be	low):										
X is attached hereto.												
was filed as United States Application Serial No. on and was amended on (if applicable).												
was filed as PCT international application Number on and was amended on (if applicable).												
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title												
37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:												
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:												
COUNTRY (# PCT, Indicate PCT)	Ar	PLICATION NUMBER		DATE OF FILING (month/dayyear)	_		PRIORITY CLAIMED L	NDER 35 USC	§119 NO			
							YES		NO			
							YEŞ		NO			
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:												
PRIOR PROVISIONAL APPLI	CATION(S) ANI	O ANY PRIORIT	Y CLA	IMS UNDER 35 U.S.C.								
PROVISIONAL AI	PPLICATION NUMBER				FILING DATE (mg	nth/day/year)						
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I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:												
PRIOR US APPLICATIONS O 35USC§120:	R PCT INTERN	ATIONAL APPL	LICATI	ONS DESIGNATING TH	IE U.S FOR	BENE	FIT UNDER					
	U.S. APPL	CATIONS	ATIONS			ST	STATUS (Check one)					
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PCT APPLICATIONS DESIGNATING THE U.S.												
PCT APPLICATION NO. PCT FILE		ING DATE		J.S. SERIAL NUMBERS ASSIGNED (if any)								
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		claration For Patent Application									
Co	mbined Dec	ATTORNEY DOCKET 82483SLP									
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or											
agent(s) associated with Eastman Kodak Company Customer No. 01333 to prosecute											
this application and transact all business in the Patent and Trademark Office connected											
therewith.											
Send Correspondence to: Direct Telephone Calls to:											
Patent Legal Staff (name and telephone number)											
Eastman Kodak					Sugan I. I	Susan L. Parulski					
			te Street			585-477-4027					
		Rochest	ter, NY	14650-2201		-477-4646					
2	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN	SECOND GIVEN NAME					
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2		Foeller		David	E.	E.					
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٥	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CI	COUNTRY OF CITIZENSHIP					
4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COL	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	SECOND GIVEN NAME					
٥	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CI	COUNTRY OF CITIZENSHIP					
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COL	STATE & ZIP CODE (COUNTRY)					
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	NAME					
٥	RESIDENCE & CITIZENSHIP	CITY	-	STATE OR FOREIGN COUNTRY	COUNTRY OF CI	TIZENSHIP					
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COL	DE (COUNTRY)					
				owledge are true and that all statements							
imį	orisonment, or	both, under Section 1001 of Title	e with the l	knowledge that willful false statements Inited States Code, and that such willful	s and the like so made I false statements may j	e are punishable by fine or eopardize the validity of the					
		y patent issued thereon.									
SIGNATURE OF INVENTOR 201			SIGNATURE	OF INVENTOR 202	SIGNATURE OF INVENT	OR 203					
Uhlliam (Wandlandt I			Ta	in C. Toeller							
DATE		DATE / / / DA		DATE	E						
2/11/04		2/10/04									
SIGNATURE OF INVENTOR 204		SIGNATURE	OF INVENTOR 205	SIGNATURE OF INVENT	NATURE OF INVENTOR 206						
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